

Worker Training Roster

Worker Protection Standard

State of New Jersey

Department of Environmental Protection

CN 411, Trenton, NJ 08625

Tel. (609) 984-6920 FAX (609) 984-6555

Please print all information clearly.

TRAINER'S NAME: _____ TRAINER'S ID# : _____

DATE OF TRAINING: _____ LANGUAGE USED FOR TRAINING : _____

TRAINING SITE/ FARM: _____ (Use separate roster for each agricultural employer)

Name: _____

Address: _____

| # | Worker's Name | Card # | Birthdate | Native Language | Nationality (State/Country) |
|-----|---------------|--------|-----------|-----------------|--------------------------------|
| 1. | | | | | |
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| 14. | | | | | |
| 15. | | | | | |

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Page ____ of ____

Trainer's Name: _____

Trainer's ID# _____

Date of Training: _____

Please print all information clearly.

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